Arshad Mahmood

Arshad Mahmood - 56-58 Carlton Road

Inspection report

56-58 Carlton Road
Small Heath
Birmingham
West Midlands
B9 5EB

Tel: 01217724078

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Our inspection took place on 12 July 2016 was announced. The provider was given 24 hours' notice because the location provides a service to a small number of people who often go out and we needed to be sure that someone would be in.

At our last inspection on 29 January 2014 the provider was meeting all the regulations we assessed.

The service is a registered care home providing accommodation and personal care for up to four people with learning disabilities. At the time of our inspection there were two people living at the home.

The leadership in the home had not ensured that the service and staff were developed so that people were supported with activities that were meaningful, and that developed and stretched the life experiences of people.

The quality assurance system was not robust and did not always identify shortfalls in the service, or develop action plans that ensured that improvements in the quality of the service were made.

People were supported by staff that had received training, but this was not always up to date training.

People felt safe using the service and they were protected from the risk of abuse because the provider had systems in place to minimise the risk of abuse. However this system was not always effective in ensuring all staff knew what actions to take in the event of an allegation or incident of abuse
There was a system in place which showed that when complaints were raised these were listened to and addressed, but the records did not always show what actions had been taken. There was no analysis of the complaints received to determine whether there were any trends or themes that needed to be resolved so that the quality of the service could be improved.

Staff were not always clear about how people's rights to make decisions was safeguarding under the Mental Capacity Act. Staff were supporting people to make choices and ensure that the correct agreements were in place where people's liberty was being restricted. However, staff were unclear about what restrictions had been approved and when authorisations needed to be reviewed.

People's representatives were complimentary about the kindness of staff and felt fully involved in people's care.

People were supported by staff that were kind and caring. Some staff understood people's needs well.

Risks associated with people's needs had been identified and management plans put in place but they were not always sufficiently detailed to ensure that staff were aware of how to keep people safe.

There were enough staff to support people safely. People received support from a stable staff team that had got to know people well.

People were supported to take their medicines and have their healthcare needs met.

People were supported to eat and drink food that met their dietary requirements and that they enjoyed eating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff were not always consistent in their responses regarding the actions they would take if there was an allegation of abuse.

Risks to people had been assessed but management plans were not always clear in identifying what actions staff needed to take to keep people safe.

People were supported by adequate numbers of staff and were supported to receive their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

People's needs were not always met effectively because staff were not always skilled in responding to people's needs in the most appropriate way.

Staff told us they felt supported in carrying out their roles because they received training and support from the registered provider. Staff training records and our observations showed that training was not always up to date.

People received food and drink that met their nutritional requirements but it was not always presented in a way that that had been identified to meet people's needs.

People were supported to have their healthcare needs met appropriately.

Is the service caring?

Requires Improvement

The service was not always caring.

People were supported by staff that were caring and treated them with kindness but systems in place did not always support staff to protect them.

Staff did not always maintain people's dignity because people

were not always referred to by their preferred names and used phrases of endearment that were not age appropriate and that did not show respect for people.

People were supported to be as independent as possible.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People hobbies and interests were not always met in a way that supported people to develop and were not always meaningful.

People's representatives were able to raise concerns but there was not always an adequate record of the actions taken or any analysis of complaints so that any trends and themes could be addressed.

People were supported to maintain contact with friends and relatives.

People's representatives were involved in reviews of their care to ensure that people's changing needs were met.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had systems in place to assess and monitor the quality of the service but it was not always effective in identifying areas that needed to be improved.

Staff felt supported and able to get advice when they needed it.

People's friends and relatives were happy with the service provided.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 July 2016 and was announced.

The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by two inspectors.

As part of our inspection we reviewed the information we hold about the service. This included notifications. Notifications are information about accidents, incidents, deaths and safeguarding's that the provider is required, by law, to send us. The provider had completed and returned to us by the required date the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information and any comments received from professionals involved in the care of people to plan our inspection.

As part of our inspection we spoke with five staff and four professionals involved in people's care. The people living in the home at the time of our inspection had limited verbal communication so we observed interactions between them and the staff, spoke with two of their representatives and looked at some of their care records to check that they received care as planned. We also looked at records including questionnaires, complaints and audits to assess how the quality of the service was monitored and improved.

Requires Improvement

Is the service safe?

Our findings

The people living in the home were not able to verbally tell us if they felt safe but the smiles on their faces showed that they were happy and they looked relaxed in the presence of staff. Friends and relatives told us they were happy with the care provided and felt people were kept safe. One person's representative told us, "Safe! Absolutely safe. The home keeps [the person] safe." A professional involved in people's care told us that when people were taken to see them the transport used to take them was secure meaning they were kept safe. [Staff had access to a minibus so that people could be safely taken to appointments and to undertake activities].

The PIR told us that staff had undertaken training in how to recognise abuse and take actions to raise concerns. Staff spoken with were not always consistent about the actions that should be taken if they suspected abuse. For example, we asked staff about the actions staff would take if they had concerns about the actions of a member of staff. One staff told us that they would ask the staff about what had happened before reporting to a senior staff member. Another staff member said they would not speak to the staff but report it to the manager so that they could raise the issue with the appropriate authorities.

Risk assessments were in place for people. We looked at the risk assessments for one person and saw that risk assessments for a number of issues were in place including; using the minibus, activities they were involved in and going out in the community. However, there was a lack of clarity in the risk assessments regarding what the risk was and how the risks were to be managed by staff. For example, where people had behaviours that were difficult for staff to manage the triggers and how the staff would recognise and support the person in the early stages to prevent escalation of the behaviours was not clear. Some of the indicators that a person was becoming anxious described by staff were not recorded in the risk management plans. Staff spoken with were not always aware of the risks associated with people's needs and how these should be managed for the safety of the person and other people in the vicinity. There was a lack of guidance for staff on how to avoid risky situations. For example, the risk assessments for one person indicated that behaviours could be perceived by people in the community as not acceptable. The risk assessment told staff to explain to and reassure people about these behaviours but gave no guidance about how to avoid these situations. Staff spoken with gave inconsistent accounts of the behaviours and the actions to be taken.

People received support from a staff team that had worked at the home for a long time. This meant that people knew the staff supporting them and staff knew the people living in the home well. People's representatives told us they felt people's needs were being met by staff. Staff spoken with told us there were always sufficient staff to meet people's needs. We saw there were sufficient numbers of staff available to support people throughout the day. The staffing rota confirmed the numbers of staff on duty identified by the staff spoken with. The PIR told us that the appropriate recruitment checks were undertaken when staff were employed. As there had not been any recent staff employments we did not check recruitment records. One of the person's representatives told us that when they started to visit the home and before they were allowed to take the individual out by themselves the registered provider had carried out a Disclosure and Barring Service check (DBS). This is a check carried out on people to ensure that they are suitable individual's to be involved in people's care.

People's representatives told us that staff supported people with their medicines. Staff told us that they had received training in the administration of medicines and we saw that staff competencies in the management of medicines had been assessed. We saw that audits were carried out on a weekly basis when tablets were counted and the medicines charts were checked to ensure that people had received their medicines as prescribed. The PIR told us that there had not been any medication errors in the past year.

Requires Improvement

Is the service effective?

Our findings

The provider had systems in place to ensure that staff were supported to meet the needs of people. Staff told us that they had undertaken training in a variety of topics including safeguarding people, first aid and medicines management. Records looked at showed that training had been provided however, some training needed to be updated. This was supported by some of the staff responses to questions we asked. For example, staff were not able to explain the actions they would take if someone started to suddenly choke. Another staff member's response did not reflect that they were knowledgeable about who to speak with if they suspected abuse.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. When we spoke with staff regarding the Mental Capacity Act 2005 it was clear that although they were trying to meet the requirements of this legislation there was confusion regarding what was required and who could make decisions. Although staff understood that decisions made on behalf of people had to be made in their best interests there was a lack of understanding about how this should be documented in care planning. For example, there was no evidence to show what decisions people were able to make for themselves on a daily basis and how they were to be supported to make these decisions. This meant that people could be left at risk of not getting their needs met safely and effectively.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that there were restrictions on people's liberty because they were unable to unlock the front door and people needed to be supervised by staff whilst in the community for their and other people's safety. Staff confirmed that they would take people out if they expressed a wish to go out so that the effects of the restrictions were minimised. We saw that applications for DoLS had been made for two people however; staff spoken with lacked clarity about whether these applications had been authorised and when an application for the decision to be reviewed needed to be made. We saw that officers of the local authority had been to assess the DoLS applications but the authorisations had not yet been received.

Staff were able to tell us about the nutritional needs of the people living in the home. For example, we were told that one person needed to have their meals pureed and that they preferred to have all their meat, vegetables, rice and so on to be pureed together in a bowl. The person was unable to tell us if this was how they liked their meals so we looked at their care plan in respect of this aspect of their care. The care plan

told us that the individual liked the different parts of the meal to be pureed individually and put on a plate. We saw that the person was refused a cup of tea because it was too close to lunchtime. We discussed with the staff different ways in which the amount of tea drunk by the individual could have been managed so that the individual felt that their needs and requests were being respected. This showed that staff practices were not always person centred and that care plans were either not followed or updated.

People's nutritional needs were assessed and plans put in place to ensure they were met. The representative of one person told us, "He gets food that meets his needs. Sometimes you have to manage how much he eats." We saw that people were supported to eat and drink sufficient amounts to remain healthy. We saw that at lunchtime staff ate at the same time as the people and people appeared to enjoy their meals. One person told us they had enjoyed their lunch. This showed that mealtimes were a nice, social experience.

People's representatives told us that the needs of the individuals were being met effectively. One person's representative told us, "Definitely his needs are met. He didn't [used to] like to go out but now he is quite happy to go out. He does understand things and lets you know if he doesn't like something. He will smile if he is happy." They went on to tell us that over time the staff had supported the person to become more confident going out even using the bus. During our inspection the people living in the home were supported to go out with staff and the individual's went out happily. A visiting professional told us, "The staff seem to know the resident's needs well." We saw staff were knowledgeable about people's needs and how they liked to be supported. Staff spoke confidently about what people liked and the things they were able to do, with support, such as keeping their bedroom tidy. One person confirmed to us through some limited verbal communication and gestures that they had vacuumed their bedroom that morning.

Staff told us that they felt supported in carrying out their roles. Staff told us that they had regular opportunities to discuss their training and development and how the service was progressing. Records confirmed that staff had regular meetings with senior staff to discuss their roles. Staff told us that there was always someone available to offer guidance and support if they required this. We saw that the staffing rota contained the telephone numbers of staff who were available to be contacted for advice.

People's health needs were being met. One person's representative told us, "They [staff] always contact the doctor. He goes to the hospital [for appointments]." Records we looked at showed that people had access to medical professionals such as the GP, learning disability nurse, speech and language therapist, chiropodist and dentist as required.

Requires Improvement

Is the service caring?

Our findings

The PIR told us and staff confirmed that they had access to people's biographies to help them understand people's life histories. Staff told as that the people living in the home had lived there for a long time and they [staff] had got to know and understand them well. We saw that care plans were in place for staff to know how to meet people's needs and staff had a good understanding of the people they supported. Photographs had been used to help people understand some aspects of how their needs were to be met so that they did not become anxious and understood what was going to happen. For example, photographs had been taken when one person had attended the dentist so that these could be used to prepare the person for the next appointment. The PIR told us and staff confirmed that a key worker system was in place. A key worker is a member of staff whose responsibility it is to get to know the person so that they can ensure the person is supported in a way that they need and want. However, we saw that systems in place such as risk assessments, staff knowledge and skills could leave people in vulnerable positions because staff didn't consistently know how to support people to keep them safe.

We saw people smile as a way of expressing their happiness and feeling comfortable with staff and expressing their satisfaction through some simple conversation and gestures. For example, one person told us they had had a shave and felt good about it. People's representatives told us they thought staff were caring and kind. One person's representative told us, "They [staff] are so nice and friendly in the home." Another representative told us, "[Person living in the home] is absolutely happy. When I see him he says he wants to go back home. He says he is happy there [at the home]." A visiting professional told us, "The staff are always polite, caring and always have the residents best interest at all times. We saw that staff were warm and welcoming and that people were happy and relaxed in their presence. Staff were kind and caring towards people.

People's privacy and dignity was maintained because staff ensured that people were supported with their personal hygiene and wore clothes that showed their individuality and promoted their dignity. We saw that people had been supported to dress and shave so that they felt good about their appearance. People had their own bedrooms and a choice of sitting rooms where they could relax and have privacy. A visiting professional told us, "The home offers a very homely feel, like every home should be. Residents have their rooms individualised and always seem to be happy around the staff." We saw that the décor of the home on the ground floor was pleasant but did not reflect the backgrounds of the people that lived there or personalised to reflect people's interests or hobbies.

People were treated in a way that was respectful most of the time. We heard staff address people by their names and speak with people in their [person's] preferred language. We did however, hear staff praise an individual by saying, "Good boy" which was not age appropriate.

People were supported to be as independent as possible. One person's representative told us, "He can move around the home as he wants. It's like a family." We saw that people were encouraged to do things for themselves such as choose where to sit, move around the home independently, eat and drink independently and assist in making drinks and bake a cake.

Requires Improvement

Is the service responsive?

Our findings

People had a weekly activities programme of things they liked to do but there was no analysis of how successful the activities had been and how they were developed to help challenge and nurture the individual to experience other activities. For example, one person's activity programme identified that they liked to be involved in gardening. The daily records showed that on some occasions the person had been involved in watering the garden. There was no evidence to show how long the person had been doing this activity or any other ways in which this interest was being developed such as supporting the individual to plant seeds or visit a garden centre. We saw that the activities programme was not always followed and there was no reason recorded as to why the activity had not taken place. Staff told us that although people had an activity programme in place this could be changed on a daily basis depending on people and the weather so that they provided a responsive service to people.

During our inspection we saw that activities were not always age appropriate and meaningful for people. A member of staff emptied a bucket of building bricks onto the floor and asked the person to pick them up and put them back into the bucket which the person did not do. Staff told us this was a way of getting the individual to exercise their hands. We discussed with staff ways in which they could use more age appropriate equipment and make the activity more meaningful for people. One member of staff told us that if the person was not happy with something they had been asked to do they would make a noise to make their feelings known and they wouldn't be asked to do again.

Although people living in the home were able to express if they were not happy through their behaviours and action they were not able to raise a complaint. People's representatives told us that they felt able to raise any concerns they had and they were addressed straight away. We looked at the complaints record and saw that complaints had been recorded and although we were told how they had been addressed there was not a record that showed what actions were taken as a result of the complaint.

We saw that staff knew people well and actively sought to meet their needs and help them to make decisions and be involved in household activities. People's representatives told us that they had been involved in planning people's care and that they were happy that people's needs were being met appropriately. One person's representative told us, "I feel so self-assured [that the person's needs are met] that I don't worry about him anymore." One professional involved in people's care told us, "In my opinion the residents are always cared for [when they saw them]." Representatives told us they were involved in reviews of people's care to ensure that their needs continued to be met. We saw that people were encouraged to make drinks or watch whilst others were cooking.

People were supported to maintain contact with their friends and relatives. One member of staff told us that they had built up good relationships with people's representatives. One person's representative told us that they were able to exchange telephone calls and the person was supported to visit them regularly. Another representative told us, "They would always keep me informed about things. I can always go down [to the home]."

We saw that the service was responsive to people's individual needs. For example, people's dietary needs were met by ensuring that meals were liquidised when needed and special cultural needs were met. One person showed us their religious book that staff told us the person could recite verses from. There were staff employed that were able to meet people's linguistic needs. Television channels were available that met people's social needs. Staff told us that if people were admitted to hospital staff would stay with them all the time to ensure that they were not anxious and their needs were met appropriately. The PIR told us about the way in which one person had been supported to remain in their home and then supported in hospital at the end of their life.

People living at the home were not able to take part in conversations about how well the service was meeting their needs but we saw that the views of their representatives were sought at care reviews. People's representatives were able to use the complaints and compliments process to express their views about the service provided.

Requires Improvement

Is the service well-led?

Our findings

During our inspection staff were helpful and eager to provide the information we requested however, the information was not always easily accessed. We saw that the service was meeting the day to day needs of people but there was a lack of leadership in the home to ensure that the service improved and developed in line with current good practices. For example, activities were not always appropriate, stimulating and challenging for people. Risk assessments did not always include the level of detail needed for staff to be guided on how to support people, avoid risky situations and know how to prevent the escalation of behaviours difficult for staff to manage at the early stages of development. Some staff had a better understanding of how to manage the risks than others.

We saw that the quality assurance and audit systems in place were not sufficient to provide adequate monitoring to ensure that any shortfalls in the service were identified and actions taken to rectify the shortfalls. For example, although there were systems in place to get the views of people about the service through complaints, compliments and surveys this was not a robust system and did not provide any analysis of the findings. When we requested the analysis of any questionnaires or audits we were shown a sample of questionnaires that had been completed over a number of years. We saw that some of the risk assessments related to people's care were lacking in detail and were inconsistent in identifying the number of staff needed to support people in the community. The last risk assessment audit carried out by the registered provider was last recorded in September 2015 and had not identified the issues we raised during our inspection. Staff training was not always kept up to date. We saw that medication audits were carried out on a weekly basis and no errors were identified. We saw that cleaning audits were undertaken but when issues were identified there were no action plans of how the issues were to be addressed.

There was a complaints policy in place that stated that details of actions taken and the outcome of any complaint would be documented and complaints reviewed on a three monthly basis. During our inspection we saw that this was not happening and this had not been identified by the registered provider.

We saw that on a day to day basis people were supported so that their needs were being met because staff knew the individuals well. Staff spoken with told they liked working in the home. One member of staff told us, "I love going to work in the morning. Seeing the smile on the face of the people we support gives me a buzz." People's representatives were happy with the service provided. One person's representative told us that told they felt the person needs were being met and the individual was happy at the home and said, "I would be really upset if they tried to move him. It's like a family [at the home]." Another representative told us, "This is an excellent home. He couldn't live anywhere else."

The registered provider ensured that we were kept informed of any events that they were required to by law.

Staff told us that the registered provider was very approachable and always available for advice. Staff told us that they felt supported in their roles and enjoyed working at the home. Staff told us they worked well as a team and supported each other to cover shifts if needed so that agency staff were not used and people were supported by staff that knew them well. Staff told us that the provider was always encouraging and

motivating them to do more training and asked for their views and felt listened to.

There was a management structure in place where the registered provider acted as the manager and there was a deputy manager in post. Another member of staff described themselves as a deputy manager 'in training' and told us that they had been supported to complete training to enable them to manage a service. Other staff carried out a variety of roles such as supporting people with care, taking people out, preparing meals and keeping the home clean and understood their roles and responsibilities in the home.